

PD-G

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – HEALTH MAINTENANCE ORGANIZATION
Quarterly Period Ending September 30, _____
(Due no later than November 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
() Make checks payable to the: Alabama Department of Insurance.
() **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.** Premium Tax Return and Check must be mailed to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#:

(Name of Company)

Preparer's Signature

Name and Title (Print)

Telephone No.

PLEASE COMPLETE

1. PREMIUM TAX PAID: (reverse side, line 9)

PD:

\$ _____

2. Check No.: _____

STATE OF _____ COUNTY OF _____

Personally appeared before the undersigned attesting officer(Name)

Who says he/she is (Title) _____ of the above company and the above statement is true and correct to the best of his/her knowledge.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 ____.

NOTARY PUBLIC

--OVER--

HEALTH MAINTENANCE ORGANIZATION
Quarterly Period Ending September 30, _____
(Due no later than November 15, _____)

PD-G

NAIC NO: _____

TAXABLE PREMIUMS

ACTUAL:

THIS QUARTER TAX RATE TAX

3. Health:

- a) Groups less than 50 participants
b) Other Health, excluding insurance
supplementary to Medicaid or Medicare &
employer sponsored, governmental sponsored
group insurance

\$ _____ X .5% = \$ _____

\$ _____ X 1.6% = \$ _____

4. GROSS TAX DUE – ACTUAL BASIS

\$ _____

ESTIMATED:

PREVIOUS YEAR TAX RATE TAX

5. Health:

- a) Groups less than 50 participants
b) Other Health, excluding insurance
supplementary to Medicaid or Medicare &
employer sponsored, governmental sponsored
group insurance

\$ _____ X 25% X .5% = \$ _____

\$ _____ X 25% X 1.6% = \$ _____

6. GROSS TAX DUE - ESTIMATED BASIS

\$ _____

7. 25% of deductible expenses paid or estimated to be paid

\$ _____

8. LESS: Prior Year Overpayment

\$ _____

9. NET PREMIUM TAX DUE

(line 4 or line 6 minus lines 7 and 8)

\$ _____

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 st Quarter \$ _____	Check No. _____	Date paid _____
	2 nd Quarter \$ _____	Check No. _____	Date paid _____
	3 rd Quarter \$ _____	Check No. _____	Date paid _____